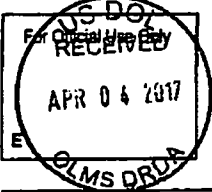


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

649271

1. File Number: C- 00483

Person Filing	
2. Name and mailing address (include ZIP Code): Name Title Organization Cruz & Associates P.O. Box, Bldg., Room No., if any 1831 Street City Upland State California <input type="checkbox"/> ZIP Code + 4 91785	3. Any other address where records necessary to verify this report are kept: Name N/A Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: Dec <input checked="" type="checkbox"/> / 31	5. Type of person: a. Individual b. Partnership c. <input checked="" type="checkbox"/> Corporation d. Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Kenny Moyles Organization Magnolia Health Corporation Trade Name, if any Merritt Manor P.O. Box, Bldg., Room No., if any Street 604 East Merritt Ave City Tulare State California <input type="checkbox"/> ZIP Code + 4 93274	7. Date entered into: 2 / 6 / 2017 8. Name of person(s) through whom made: Name Name Name Name Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed Title <u>Other (Specify)</u> <input checked="" type="checkbox"/> Vice President	14. Signed _____ Title <u>Treasurer</u>
On <u>3/2/2017</u> 909-980-8736 Date Telephone Number	On _____ Date Telephone Number

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Filer: Cruz & Associates

File Number C- 00483

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Hourly rate plus reimbursed expenses.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Held employee meetings to inform employees of their Section 7 rights and answer questions using NLRB documents

11.b. Period during which performed:
ongoing

11.c. Extent performed:
N/A

11.d. Name and address through whom performed:

Name Ignacio Frasan
Organization LKLS Consulting
P.O. Box, Bldg., Room No., if any
Street 1975 Alderbrook Ave
City San Diego
State California ZIP Code +4 91913

Additional Name and address through whom performed, if any:

Name Emigdio Arias
Organization RNA Industrial Relations
P.O. Box, Bldg., Room No., if any 14804
Street
City Long Beach
State California ZIP Code +4 90853

12.a. Identify subject groups of employees:

Non-technical unit

12.b. Identify subject labor organizations:

SEIU Local 2015